

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0372	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 10/03/2018
NAME OF PROVIDER OR SUPPLIER  ALLENWOOD AT PILLSBURY MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 90 ALLEN ROAD SOUTH BURLINGTON, VT 05403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site survey was completed on 10/3/18 by the Vermont Division of Licensing and Protection. The purpose of the survey was to investigate a complaint. The following regulatory violations were identified.	R100		
R104 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.1 Admission  5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy.  (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the	R104		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Burton S. [Signature]*

10-25-18

*[Signature]*

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R104	Continued From page 1  AOCSS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.  This REQUIREMENT is not met as evidenced by: Based on multiple reports from residents of the the facility, the facility has failed it's fiduciary duty to comply with the terms of the admission agreements to all current residents of the facility, by failing to bill monthly for rent and miscellaneous charges for each resident's apartment and agreed upon care and services. This regulatory violation affects all residents and/or their legally responsible financial parties. This is a repeat violation, as the facility was found to be out of compliance with other aspects of this requirement on 8/15/18. Findings include:  Per interviews 10/2/18 and 10/3/18 with facility residents and staff, the facility licensee has failed to adhere to the terms of their Admission Agreements for all current residents. The facility has failed to send all residents a monthly bill of the amount owed for rent and miscellaneous charges every month, as stated in the written terms of the signed admission agreements. This failure to comply with the agreement also violates each resident's right to review their financial records upon request. The facility licensee has not explained in writing to all residents the reasons for their failure to comply with the terms of each admission agreement and this issue is causing significant distress to residents and/or their legally responsible parties. Per interviews with residents who wished to be anonymous on 10/3/18, they were 'very upset' and concerned that they have not been billed for any months	R104			

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R104	Continued From page 2  since the March, 2018. No bills have been received for April, 2018 to the present month, September, 2018. There are no facility staff employed at the facility to facilitate responses to questions the residents may have regarding their financial records and monthly billing history.	R104		
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.9.c (2)  Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;  This REQUIREMENT is not met as evidenced by: Per staff interview and record review, the RN (Registered Nurse) failed to develop a care plan to each of the identified care needs for 1 applicable resident in the targeted sample. (Resident #1) This is a repeat violation, as the facility was found to be out of compliance with this requirement on 8/15/18.  Per record review, Resident #1 had been recently diagnosed with a cardiac arrhythmia and had physician orders for anticoagulant therapy. The residents care plan failed to address the newly identified medical condition and the subsequent interventions required to provide care and monitoring for this condition. The failure to address the identified needs in the care plan was	R145		

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R145	Continued From page 3  confirmed during interview with the DNS (Director of Nurses).	R145		
R178 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that there were sufficient staff on duty at all times to provide the necessary care to maintain a safe and healthy environment and to assure prompt appropriate action in cases of injury, illness, fire or any other emergency situations that may occur. This failure had the potential to cause harm to any resident needing urgent care and attention. This is a repeat violation, as the facility was found to be out of compliance with this requirement on 8/15/18. Findings include:  Per staff interviews and staff schedule review for the period from 8/9/18 - 10/3/18, the facility failed to have sufficient staff on duty in the building to assure the necessary care for Resident #1, who was determined to be nursing home level of care, and required physical assistance of 2 -3 staff for Activities of Daily Living (ADLs) including assistance with toileting, transfers, personal hygiene and bathing. During interview with the facility Charge nurse on 10/3/18 at 4:07 PM, s/he	R178		

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R178	<p>Continued From page 4</p> <p>confirmed that on 9/9/18, an evening shift nurse was the only staff person on duty in the building for a 2 hour period (from 8 PM to 10 PM). A written statement from the nurse who worked on that date confirmed the date and time when they were alone caring for 26 residents. The charge nurse on duty on 10/3/18 stated that during the 2 hour period 9/9/18 when the evening nurse was alone in the building, a resident with cognitive impairment pulled the fire alarm and the fire department responded. It was determined to be a false alarm however, if it had not been, or if there had been some other type of emergency, the resident requiring 2-3 staff for transfers and all mobility needs could have suffered an adverse outcome.</p> <p>Per review of the staff schedules, there was only 1 staff person assigned to the 11 PM to 7 AM shift on 9/7/18 and 9/8/18, and 1 staff person was alone on 9/15/18 from 5:00 AM to 6:30 AM; there were usually a minimum 2 staff on 11-7 shift per the Nurse Manager confirmation on 10/3/18 at 2 PM. She confirmed that 2 staff were needed to assure timely care for Resident #1, who required 2 and at times 3 staff for transfers and all mobility needs.</p> <p>In addition, on 9/21/18 through 9/25/18 and again on 9/28/18 - 9/30/18, the 11-7 charge nurse was required to cover the shift for Allenwood and Pillsbury South, an adjacent and separately licensed facility. If the charge nurse needed to go next door to Pillsbury South, that would also leave only 1 staff person remaining on duty at Allenwood, presenting unsafe staffing levels, per the charge Nurse Manager.</p>	R178		

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R223	Continued From page 5	R223		
R223 SS=F	<p>VI. RESIDENTS' RIGHTS</p> <p>6.11 The resident has the right to review the resident's medical or financial records upon request.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Interview and record review, the facility failed to assure that each resident has the right to review their financial records upon request and that current residents had staff member available for assisting with this right. This practice has the potential to affect all residents of the facility. Findings include:</p> <p>Per information received from residents of the facility, the facility licensee has failed to assure access to the financial records of each resident. As of the complaint survey completed on 10/3/18, the facility had continued to fail to fulfill the terms of the resident admission agreements by failing to bill for their monthly rent and services. During interviews with residents who wished to be anonymous on 10/2/18, they were all distressed at the lack of bills received; they all stated the last monthly bill received was for the month of March, 2018. During interview, the only business office employee available for the facility stated on 10/3/18 at 2 PM that s/he did not have any information regarding resident billing practices/processes. S/he stated that the employee who used to oversee that area had resigned the previous week and there was no replacement staff available to facilitate a review of financial records if any resident of the facility wished to review these records.</p>	R223		

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R238 SS=C	<p>VII. NUTRITION AND FOOD SERVICES</p> <p>7.1.a. (7) The home shall maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews, the facility failed to maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus. The lack of some menu items had the potential to affect all residents of the facility. Findings include:</p> <p>Per observations in the Pillsbury South kitchen on 10/1/18, several 1/2 gallon containers of milk were in a plastic 'bus' tub; the FSD confirmed that they were to be brought to their adjacent facility, Allenwood, because they had 'run out of milk this morning'. On 10/2/18 at 10:40, during interview the FSD, who covers both Allenwood and Pillsbury South, s/he stated that s/he had received a few hundred dollars from the business office's petty cash account to purchase bread, juice and eggs for both facilities (Allenwood and Pillsbury South). The FSD stated that many vendors were not delivering foods when ordered due to a lack of timely payment and that he may have to start using the emergency food supplies from the freezers if things didn't get better soon.</p>	R238			

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### Plan of Corrections

R104 – At present time I don't have an answer to this problem. I have reached out to my Director of Nursing (Rosemarie Provetto) and my Executive Director (Sarah Holm) and have not gotten a definitive answer. I know that my Director of Nursing is also trying to get these answers and has contacted "Corporate". Rosemarie has been speaking to someone by the name of Ben. As you know the Attorney General has also gotten involved in the problem. When I spoke with Mary Bolton she said that "something" would be happening soon. Unfortunately nothing has happened yet. So unfortunately I am not able to give you a date when this will be resolved.

R145 – The Care Plan has now been updated to indicate the diagnosis of A-fib and the fact that the resident was started on Eliquis. Resident was diagnosed with A-Fib on 9-6-18. I will be assigning Care Plans to be updated and looked at on a monthly basis. I will also alert the staff of any time a new diagnosis or problem occurs so that the Care Plan can be updated in a timely fashion. I will then audit their progress on a bi-weekly basis looking over each Care Plan.

R178 – Staffing continues to be a concern. We are advertising. Rosemarie Provetto (Director of Nursing) is doing interviews and trying to hire staff. From now on we will ensure that there will be at least two staff in the building at all times. Present on duty staff will not be able to leave until this need is met. The Director of Nursing and The Nurse Manager will need to come up with a plan to ensure that if the Night Nurse needs to cover both buildings that there are two staff present in the building. We hope to accomplish this by November 3<sup>rd</sup> 2018.

R223 – At the present time I don't have an answer to this problem. I know that Rosemarie Provetto and Sarah Holm are trying to work on this problem and are talking to Corporate. I am unsure if the job has been posted. I did reach out to our HR person to see if she has any answers. I am waiting to hear from her. I know that you did talk with Selma.

R238 – At the present time I don't have an answer to the problem. Rosemarie Provetto and Sarah Holm continue to work on this problem. Rosemarie has been talking with Ben from Corporate and has gotten some petty cash to ensure that the resident's needs are met. I will also ask the Food Service Director to keep me updated about any situations where the food is running low or vendors are not delivering.